

Workforce Investment Act Local Plan Modification Program Year 2005–06 Instructions and Forms

Prepared By
Workforce Investment Division
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**Workforce Investment Act
Local Plan Modification Program Year 2005–06
Instructions and Forms**

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INSTRUCTIONS FOR COMPLETING TITLE IB FORMS

The header for all forms except the cover page shows that this is the local plan modification for Program Year (PY) 2005–06. Below this information is a line to identify future modifications to the plan. Fill in the name of your Local Workforce Investment Area (LWIA) on all forms. For the PY 2005–06 local plan modification, the effective date of July 1, 2005, has been pre-entered, except for youth programs, for which funding is effective April 1, 2005.

Cover Page

Complete the cover page by entering the name of the LWIA, date submitted, and contact person's name and telephone number.

Local Plan Table of Contents

Complete the REVISION column by checking either "Yes" or "No," and enter the appropriate page number. If changes to the narrative form are needed, this form may be accessed at www.edd.ca.gov/wiarep/wiaricp.htm. (Note: The [narrative forms](#) are in the Resource Information Center - Planning Documents as attachments to WIA Information Bulletin WIAB99-2.)

As indicated, the following items are required: the Signature Page, the Budget Plan Summaries, the Participant Plan Summary, and the Grant Recipient Listing. Information about negotiating PY 2003–04 and PY 2004–05 performance goals is in WIA Directive [WIAD03-6](#), WIA Directive [WIAD04-10](#), and WIA Draft Directive [WIADD-92](#). Revised or new Memorandums of Understanding that were not submitted with the initial plan or the PY 2004–05 modification must be attached. Any public comments of disagreement must also be included. If none received, check "No."

IX. Signature Page

Enter the name of your LWIA in the first paragraph. Since youth program funding is effective April 1, 2005, this date has been pre-entered as the beginning date. June 30, 2007, has been pre-entered as the ending date of the PY 2005–06 local plan.

Obtain the appropriate signatures of the Workforce Investment Board Chair and the Chief Elected Official(s), or their officially designated alternates. (Note: Alternates must be designated by official action of their respective boards or by locally approved policy.) If you have more than one Chief Elected Official who must sign the plan, add an additional signature page. Enter their respective names, titles, and the dates of signature.

Title IB Budget Plan Summary (Adult or Dislocated Worker)

Program Type: Use one page for Adult and one page for Dislocated Worker. Check the appropriate box.

Funding Identification:

- Line 2. Enter the allocation for the corresponding program type for the year of appropriation (YOA). Include both the July 1 and the October 1 WIA allocations.
- Line 3. Enter any adjustments to the allocation, plus or minus. Plus adjustments include reallocations. Minus adjustments include involuntary deobligations, recaptures and rescissions.
- Line 4. Transfers of adult and dislocated worker funds are plus or minus, depending on the direction of the transfer. For further information on transfers, see WIA Directive [WIAD04-7](#).
- Line 5. Line 5 is the sum of lines 2, 3, and 4. This must equal Line 8.

Total Allocation Cost Category Plan:

- Line 6. Provide a breakout of this amount by the program services listed in Lines 6.A. through 6.E. Line 6.E. (Other) includes activities that do not meet the definitions of the services listed in Lines 6.A. through 6.D. and do not meet the definition of Administration as stated in Title 20 Code of Federal Regulations (CFR) Part 667, Subpart B. Line 6 is the sum of lines 6.A. through 6.E.
- Line 7. Enter the amount of the funds in Line 5 that will be spent on Administration through the WIA administrative cost pool. This can be no more than 10 percent of Line 5 (check Line 21 for compliance). Adult funds set aside for administration do not need to be spent on only the Adult program, and Dislocated Worker funds set aside for administration do not need to be spent only on the Dislocated Worker program. The Administration funds may be pooled and spent on WIA administrative needs as a whole.
- Line 8. Line 8 is the sum of lines 6 and 7. This must equal Line 5.

WIA Local Plan Modification PY 2005–06 Instructions and Forms

Quarterly Total Expenditure Plan:

Lines 9–20. Enter the planned quarterly expenditures, on a cumulative basis, for each quarter, starting with the beginning of the grant. The dates shown in Lines 9 through 20 are the ending month of each quarter.

Cost Compliance Plan:

Line 21. Line 21 is calculated by dividing Administration expenditures (Line 7) by TOTAL (Line 8). No more than 10 percent of the total funds (Line 8) may be spent on Administration.

Title IB Budget Plan Summary (Youth)

Program Type: The appropriate box has been pre-checked.

Funding Identification:

Line 2. Enter the allocation for the corresponding program type for the YOA.

Line 3. Enter any adjustments to the allocation, plus or minus. Plus adjustments include reallocations. Minus adjustments include involuntary deobligations, recaptures and rescissions.

Line 4. Line 4 is the sum of lines 2 and 3. This must equal Line 7.

Total Allocation Cost Category Plan:

Line 5. Provide a breakout of this amount by In School, Out-of-School, and Other, in Lines 5.A. through 5.C. At least 30 percent of Line 5 must be spent on Out-of-School youth (Line 5.B.). Line 5.C. (Other) includes activities that do not meet the definitions of the services listed in Lines 5.A. and 5.B. and do not meet the definition of Administration as stated in Title 20 CFR Part 667, Subpart B. Line 5 is the sum of lines 5.A. through 5.C.

Line 6. Enter the amount of the funds from Line 4 that will be spent on Administration through the WIA administrative cost pool. This can be no more than 10 percent of Line 4 (check Line 21 for compliance). Youth funds set aside for administration do not need to be spent on only the Youth program. The Administration funds may be pooled and spent on WIA administrative needs as a whole.

Line 7. Line 7 is the total of lines 5 and 6. This must equal Line 4.

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Quarterly Total Expenditure Plan:

Lines 8–20. Enter the planned quarterly expenditures, on a cumulative basis, for each quarter, starting with the beginning of the grant. The dates shown in Lines 8 through 20 are the ending months of each quarter.

Cost Compliance Plan:

Line 21. Line 21 is calculated by dividing Administration expenditures (Line 6) by TOTAL (Line 7). No more than 10 percent of the total funds (Line 7) may be spent on Administration.

Title IB Participant Plan Summary

Totals for PY 2005:

- Line 1. Enter the number of registered participants carried in from PY 2004.
- Line 2. Enter the number of new registered participants for PY 2005.
- Line 3. Total lines 1 and 2. This will be the total number of registered participants for PY 2005.
- Line 4. Enter the number of exiters for PY 2005.
- Line 5. Subtract line 4 from line 3. This will be the number of registered participants carried out to PY 2006.

Program Services:

Lines 6–9. Enter the total number of adult and dislocated worker participants planned to receive each respective service funded by WIA. For example, if a registered adult received two different intensive services, both funded by WIA, that registered adult would be counted as one participant (not as two enrollments for intensive services). Please note, Line 6 is for nonregistered, universal access Core Services (also referred to as Core A), while Line 7 is for registered, staff assisted Core Services (also referred to as Core B).

Skill Attainment:

Line 10. Enter the number of registered younger youth who will positively attain at least one skill/goal during PY 2005.

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Exit Status:

NOTE: Because one exiter may have up to three different exit status codes, no totals are required. However, any entry in Lines 11 through 19 must be less than or equal to Line 4.

- Line 11. Enter the number of exiters planned to enter employment.
- Line 11.A. Of those planned to enter employment (Line 11), enter the number planned to enter training-related employment.
- Line 11.B. Of those planned to enter employment (Line 11), enter the number planned to enter both employment and a training program to obtain a high school diploma/General Equivalency Diploma (GED), postsecondary degrees/certificates, or credential program. [See DOL Training and Employment Guidance Letter (TEGL) 7-99, *Core and Customer Satisfaction Performance Measures for the Workforce Investment System*.]
- Line 12. Enter the estimated number of exiters that may remain with the layoff employer. Base this information on an analysis of your local area's past experience.
- Line 13. Enter the planned number of exiters to enter military service.
- Line 14. Enter the planned number of exiters to enter advanced training.
- Line 15. Enter the planned number of exiters to enter postsecondary education.
- Line 16. Enter the planned number of exiters to enter an apprenticeship program.
- Line 17. Enter the planned number of exiters to attain a high school diploma/GED.
- Line 18. Enter the planned number of exiters to return to secondary school. (The youth exited WIA services but was still attending secondary school at time of exit.)
- Line 19. Enter the estimated number of exiters to exit for other reasons than those recorded on Lines 11 through 18.

Local Performance Indicators and Goals

The State Performance Indicators for *Program Years 2000–01, 2001–02, 2002–03, 2003–04, and 2004–05* have been pre-entered. Enter your local area's performance goals for *Program Years 2000–01, 2001–02, 2002–03, 2003–04, and 2004–05*.

LWIA Grant Recipient Listing

Complete the grant recipient listing by entering the name of the LWIA, organization, contact person's name and title, mailing address, telephone and fax numbers, and e-mail address. Obtain the appropriate signature of the Chief Elected Official(s), or their officially designated alternates. (Note: Alternates must be designated by official action of their respective boards or by locally approved policy.) If you have more than one Chief Elected Official who must sign the plan, add an additional signature page. Enter their respective names, titles, and the dates of signature.

Forms

1. [LWIA PY 2005–06 Local Plan Modification Cover Page](#) (DOC)
2. [WIA PY 2005–06 Local Plan Table of Contents](#) (DOC)
3. [IX Signature Page](#) (DOC)
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5. [Title IB Participant Plan Summary Excel Spreadsheet](#) (XLS)
6. [Local Performance Indicators and Goals Chart](#) (DOC)
7. [LWIA Grant Recipient Listing](#) (DOC)